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APPL	ATION FOR UNI	TED STATES P	DONEV
DECLA	RATION AND PO	JWER OF ALL	JEUNE Y

Docket No.: _

Country

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

(if plural inventors are named belo A TUNNEL MAGNETORESI	w) of the subject matter which is claim STIVE EFFECTIVE ELEMENT	ed and for which a patent is sour , A THIN FILM MAGNE	tht on the invention entitled: TIC HEAD, A MAGNETIC
described and claimed in the speci	THE PARTY OF AND	A MAGNETIC DISK DRI	VE DEVICE
Check one	•		
*a. attached heret b. filed on	as Application No	and	amended on (if applicable).
amended by any amendment refer	to disclose to the Office all information		
Under Title 35, U.S. Co	ode §119, the priority benefits of the f r prior to this application are hereby cla	ollowing foreign application(s) imed:	and/or United States provisional
Japanese Patent	t Application No. 2000-	118,447 filed on Ap	ril 19, 2000
The following applicati States of America either (a) more application(s) and/or United States	ion(s) for patent or inventor's certificat than one year prior to this application, s provisional application(s):	e on this invention were filed in or (b) before the filing date of	n countries foreign to the United the above-named foreign priority
application and to transact all busi Ja Ki Ec	ollowing as my attorneys of record winess in the Patent Office: ames A. Oliff, Reg. No. 27,075; Willia irk M. Hudson, Reg. No. 27,562; Tho Iward P. Walker, Reg. No. 31,450; Red. Costantino, Reg. No. 33,565; and Co	m P. Berridge, Reg. No. 30,024 mas J. Pardini, Reg. No. 30,41 obert A. Miller, Reg. No. 32,77	4; 1; 1;
ALL CORRESPONDENCE IN PLC, P.O. BOX 19928, ALEXA	CONNECTION WITH THIS APP NDRIA, VIRGINIA 22320, TELEPH	LICATION SHOULD BE SE IONE (703) 836-6400.	NT TO OLIFF & BERRIDGE,
own knowledge are true and that were made with the knowledge th	nave reviewed and understand the conte all statements made on information an nat willful false statements and the like inited States Code and that such willful	d belief are believed to be true; so made are punishable by fine	and further that these statements or imprisonment, or both, under
Typewritten Full Name of First or Sole Inventor	Koji		SHIMAZAWA
-	Given Name	Middle Initial	Family Name
**Inventor's Signature:		ma≥aWO\	2001
**Date of Signature:	/ March	27,	
Residence:	Month Chuo-Ku	Day Tokyo,	Year Japan

including country) Tokyo, Japan *If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

City

Japan

(Insert complete mailing address,

Post Office Address:

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing. IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE $\ \square$

State or Province

c/o TDK CORPORATION, 13-1, Nihonbashi 1-Chome, Chuo-Ku,

Citizenship:

Typewritten Full Name of Second Joint Invent		Tsuyoshi		UMEHARA
y Second Come Invent	_	Given Name	Middle Initial	Family Name
**Inventor's Signature:	·	Tsuyoshi	Umehorer	
**Date of Signature:	·	March	27,	2001
	C	Month huo-Ku,	Day Tokyo ,	Year Japan
Residence:	City		State or Province	Country
Citizenship:	Japan			
	Post Office Address: (Insert complete	c/o TDK COR	PORATION, 13-1, Nihon	bashi l-Chome, Chi
	mailing address, including country)	Tokyo, Japan	n	
Typewritten Full Nam		Satoru		ARAKI
of Third Joint Invento	r (if any)	Given Name	Middle Initial	Family Name
**Inventor's Signature	:	An	<u> </u>	auk
**Date of Signature:	 March		27,	2001
	Month		Day	Year
Residence:	Chuo	–Ku.	Tokyo,	Japan
	City		State or Province	Country
Citizenship:	Japan			
	Post Office Address: (Insert complete	c/o TDK CORPO	ORATION, 13-1, Nihonb	ashi l-Chome, Chu
	mailing address, including country)	Tokyo, Japan		
Typewritten Full Nam of Fourth Joint Inven	ne stor (if any)			
	-	Given Name	Middle Initial	Family Name
**Inventor's Signature	:			
**Date of Signature:	<u> </u>			
		Month	Day	Year
Residence:	City		State or Province	Country
Citizenship:				
	Post Office Address:			
	(Insert complete mailing address,			
	including country)			
Typewritten Full Nan	ne			
of Fifth Joint Invento	or (if any)	Given Name	Middle Initial	Family Name
**Inventor's Signature	e:			
**Date of Signature:				
		Month	Day	Year
Residence:	City		State or Province	Country
Citizenship:				
Post Off	fice Address:			
	(Insert complete mailing address,			
	including country)			

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.